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May 21, 2008 8:00 am
Secretary of State
05-21-2008 90030 005 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000066793

1. Entity Name
GLADES HERP FARM, INC.

Principal Place of Business	Mailing Address
4250 S.W. 52ND TERRACE BUSHNELL, FL 33513	4258 S.W. 52ND TERRACE BUSHNELL, FL 33513

DO NOT WRITE IN THIS SPACE

04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5206902
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$0.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MACINNES, ROBROY M
4258 S.W. 52ND TERRACE
BUSHNELL, FL 33513

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 4/30/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	MACINNES, ROBROY M
STREET ADDRESS	4258 SW 52 TERR.
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	VPRES
NAME	Kessey, Robert J.
STREET ADDRESS	4282 SW 52 Terr.
CITY-ST-ZIP	Bushnell, FL 33513
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Rob Roy M MacInnes 4/30/08 352-568-1713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #